

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18559

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** JAMES AND DEBORAH PIOWATY FOUNDATION, INC.

**Current Principal Place of Business:**

% JAMES W. PIOWATY  
8005 SOUTH INDIAN RIVER DRIVE  
FT. PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

% JAMES W. PIOWATY  
8005 SOUTH INDIAN RIVER DRIVE  
FT. PIERCE, FL 34982

**New Mailing Address:**

**FEI Number:** 59-6875805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIOWATY, JAMES W.  
8005 S. INDIAN RIVER DRIVE  
FORT PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PIOWATY, JAMES W.  
Address: 8005 SOUTH INDIAN RVR.DR  
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete  
Name: PIOWATY, DEBORAH  
Address: 8005 S. INDIAN RIVER DR  
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete  
Name: BONE, SABREY L.  
Address: 1063 SW 25TH PL.  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D ( ) Delete  
Name: FREDRICK, KATHLEEN A.  
Address: 759 RIO VISTA DR  
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete  
Name: PIOWATY, SUSAN D.  
Address: 127 SPRINGTOWN RD  
City-St-Zip: NEW PALTZ, NY 12561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES PIOWATY

PD

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date